

SOUTHWEST WASHINGTON HEALTH DISTRICT

NOTICE OF DETENTION

TO:

You are hereby being detained at the Clark County Jail pursuant to WAC 246-170-051. This is being done because you have been confirmed as having tuberculosis based upon generally accepted standards of medical and public health science by virtue of a positive sputum test verified by the Washington State Public Health Laboratory.

You have the right to a Superior Court hearing within seventy-two (72) hours of detention, excluding holidays and weekends. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense, and you should request the appointment of counsel at this time. If you currently have legal counsel, then you will have an opportunity to contact that counsel for assistance.

You have a right to contest the facts alleged against you, to cross-examine witnesses, and to present evidence and witnesses on your behalf.

You have a right to appeal any decision made by the court.

You may be given appropriate TB medications only on your informed consent, or pursuant to a court order.

The Local Health Officer will suspend the execution of this order for so long as you comply with the following conditions:

- (a) Submit a sample of your sputum immediately and at such other occasions as may be requested by the Local Health Officer and/or the Southwest Washington Health District;
- (b) Submit to a chest x-ray immediately and at such other times as may be requested by the Local Health Officer and/or the Southwest Washington Health District;
- (c) Take all medications as directed by the Local Health Officer and/or the Southwest Washington Health District under the direction of Hi-School Pharmacy or under the direction of the Southwest Washington Health District;
- (d) Remain at your residence at all times except as may be directed by the Southwest Washington Health District;
- (e) Advise the Southwest Washington Health District of your current address and advise within twenty-four (24) hours, exclusive of Saturdays, Sundays, or holidays, of any changes in address.

DATED this _____ day of _____, 20____.

Local Health Officer

SOUTHWEST WASHINGTON HEALTH DISTRICT

Dear _____,

I have determined that your quarantine or isolation is necessary for the preservation and protection of the public health because you are suspected to have infectious tuberculosis.

Therefore, pursuant to RCW 70.28.031(e), you are directed to remain at home.

In addition, you must comply with the following conditions:

Submit sputum samples, receive chest x-rays and laboratory tests as instructed.

The grounds for this order are the following:

Results of your PPD skin test and chest x-ray show you are suspected to have infectious tuberculosis.

You are future advised that your failure to comply with this order is a misdemeanor and shall be punishable by imprisonment in the County jail if not more than ninety (90) days, by a fine or not more than \$1,000.00, or both such imprisonment and fine.

Public Health Officer
Southwest Washington Health District

Date

Public Health Nurse

Date

SOUTHWEST WASHINGTON HEALTH DISTRICT

AGREEMENT

In consideration of the Local Health Officer agreeing to suspend the execution of the Notice of Detention above, I agree to comply with each and every term given for the suspension stated above. I understand that by doing so, I am giving up my rights concerning a hearing and appeal and to an attorney as set out above. I also understand that I am waiving at this time the right to refuse appropriate TB medications. I further understand that a new Notice of Detention may be made out by the Local Health Officer.

DATED this _____ day of _____, 20____.

DECLARATION OF INTREPRETER

I hereby certify that I orally translated all portions of this documents in to the language of _____, a language understood by _____, to him to the best of my skill and judgment.

I SWEAR UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATED this _____ day of _____, 20____.

Signature of Interpreter

Name of Interpreter (Please Print)